

		Goddard Space Flight Center WORK REQUEST FOR RECERT SERVICES For information, call Greenbelt x6-5183, or Wallops x1714.			RECERT WORK REQUEST NO.	
Please use this form to request RECERT services such as test, inspection, and certification of lifting devices and equipment (LDE) and ground-based pressure vessels and pressurized systems (PV/S); load/pressure testing; and nondestructive testing, etc.						
REQUESTER INFORMATION						
REQUESTER NAME				CODE		DATE
BLDG		ROOM			PHONE NO.	
EQUIPMENT INFORMATION						
BLDG	ROOM/OTHER		EQUIPMENT ID		REQUIRED COMPLETION DATE	
DESCRIPTION OF WORK: <input type="checkbox"/> LDE <input type="checkbox"/> PV/S ATTACHMENT: <input type="checkbox"/> YES <input type="checkbox"/> NO						
JUSTIFICATION:						
FOM REVIEW		DATE	DIVISION SAFETY REVIEW		DATE	
EQUIPMENT POINT OF CONTACT						
NAME		CODE	PHONE NO.	BLDG	ROOM	
FUNDING INFORMATION						
FUND	FUND CENTER			WBS OR COST CENTER		
RESOURCES ANALYST		CODE	PHONE NO.	BLDG	ROOM	
AUTHORIZATION						
SIGNATURE			CODE	DATE		
PRINTED/TYPED NAME			TITLE			
RESERT USE ONLY						
DATE RECEIVED IN RECERT		CATEGORY <input type="checkbox"/> LED <input type="checkbox"/> PV/S		PRIORITY (H, M, L)		CM

GSFC 4-44 (01/07)

INSTRUCTIONS

WORK REQUEST FOR RECERT SERVICES

For information, call Greenbelt x6-5183, or Wallops x1714.

For all requests originated by Code 5XX, Applied Engineering and Technology Directorate, please submit the completed form electronically via the Safety Risk Reporting System (SSRT).

All other requests must be submitted electronically to Sandra.L.Broadwater.1@gsfc.nasa.gov at Greenbelt, or Cheryl.D.Outten.1@gsfc.nasa.gov at Wallops.

Be sure to fill in all blocks pertaining to your work request. If the block does not apply to you, write in "N/A" so that RECERT is assured that it was not overlooked.

REQUESTER INFORMATION

REQUESTER NAME:	Enter the name of the requester.
CODE:	Enter the code of the requester.
DATE:	Enter current date.
BLDG:	Enter requester's building number.
ROOM:	Enter requester's room number.
PHONE NO.:	Enter requester's phone number.

EQUIPMENT INFORMATION

BLDG(S):	Enter the building number where work/service is to be delivered.
ROOM(S)/OTHER:	Enter room or address where work/service is to be delivered.
EQUIPMENT ID:	Enter equipment identification number.
REQUIRED COMPLETION DATE:	Enter the date by which you need work/service completed. Justify this date in Block 7, below. DO NOT enter vague timeframes such as "ASAP." Your work request will be scheduled in turn if a date is not provided. Needed dates for projects may be negotiated between RECERT and the requester.
DESCRIPTION OF WORK:	Describe the specific work you want done. Use an additional sheet if more space is needed.
JUSTIFICATION:	Explain why you need the work done and why you need it done by the date indicated in Block 5. If the proposed work is <u>directly</u> related to a flight, engineering, or scientific project, identify the project.
FOM/DIVISION SAFETY REVIEW:	Have your Facility Operations Manager (FOM) and your Division's Safety Representative review the Work Request and initial in the spaces provided. (FOM's are listed in the GSFC Telephone Directory.)

EQUIPMENT POINT OF CONTACT

Identify your point of contact that can provide additional details regarding the scope of work. This should be the person that is most knowledgeable about the project, be the point of contact for the life of the project, and the person to whom RECERT will send project status reports/letters.

FUNDING INFORMATION

Enter your funding data. For fund transfer specifics, please contact a RECERT Resources Analyst at x6-5533 or x6-8927.

AUTHORIZATION

Authorizing official must be at the Branch Head level or higher.

RECERT USE ONLY

DO NOT write in these blocks - for RECERT use only.

A confirmation of your work request will be e-mailed to you. Please be sure to retain it for reference.